

## **Application Data Sheet**

### **Application Information**

Application Type:: Nonprovisional  
Subject Matter:: Utility  
Title:: Maternity Undergarment  
Attorney Docket Number:: DAI1.003  
Suggested Drawing Figure:: 4  
Total Drawing Sheets: 4  
Small Entity:: Yes  
Petition included?:: No

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Amy  
Family Name:: Smilovic  
City of Residence:: New York  
State of Residence:: New York  
Street of mailing address:: 56 Crosby Street, #3B  
City of mailing address:: New York  
State of mailing address:: New York  
Postal or Zip Code of mailing address:: 10012

### **Correspondence Information**

Correspondence Customer Number:: 003775

### **Representative Information**

Representative Customer Number:	003775
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### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Nonprovisional of	60/392,561	07/01/02